
 <p style="text-align: center;">Oregon Health & Science University Hospital and Clinics Provider's Orders</p> <p style="font-size: small;">PO7071</p>  <p style="text-align: center;">ADULT AMBULATORY INFUSION ORDER Guselkumab (TREMFYA) Injection</p> <p style="text-align: center;">Page 1 of 2</p>	<p>ACCOUNT NO. _____</p> <p>MED. REC. NO. _____</p> <p>NAME _____</p> <p>BIRTHDATE _____</p> <p style="text-align: right; font-size: x-small;"><i>Patient Identification</i></p>
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.	

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). Please send results with order. If result is indeterminate, a follow up chest X-ray must be performed to rule out TB. Please send results with order.
3. Guselkumab may increase the risk of infections, particularly upper respiratory tract infections, gastroenteritis, tinea infections, and herpes simplex infections. Consider the risks versus benefits prior to treatment initiation in patients with a history of chronic or recurrent infection. Treatment must not be initiated in patients with clinically important active infections until it is resolved or treated. Monitor for signs and symptoms of infection. Patients must be brought up to date with all immunizations before initiating therapy. Live vaccines must not be given concurrently.

PRE-SCREENING: (Results must be available prior to initiation of therapy):

- Tuberculin skin test or QuantiFERON Gold blood test results scanned with orders.
- Chest X-Ray result scanned with orders if TB test result is indeterminate.

NURSING ORDERS:

1. TREATMENT PARAMETER – Hold treatment and contact provider if TB test result is positive or if screening has not been performed.
2. Prior to guselkumab administration, remove prefilled syringe from the refrigerator and allow to warm at room temperature for 30 minutes in original carton. Do not warm in any other way
3. Administer subcutaneously into front of thighs, lower abdomen (except for 2 inches around navel) or back of upper arms. Do not inject into areas where the skin is tender, bruised, red, hard, thick, scaly, or affected by psoriasis.
4. Monitor for signs and symptoms of infection. Advise patient to report symptoms of infection.
5. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.

MEDICATIONS:

- guselkumab (TREMFYA) injection 100 mg, subcutaneous, ONCE

Interval: (must check at least one)

- Initiation:** week 0 _____ and week 4 _____
- Maintenance:** every 8 weeks thereafter



Oregon Health & Science University
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER
**Guselkumab (TREMFA)
injection**

Page 2 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Central Intake:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

Beaverton

OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

NW Portland

Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

Gresham

Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

Tualatin

Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders